

## OPTIONAL STATE SUPPLEMENTATION

<b>STATUTORY BASIS FOR PAYMENT</b>	Article IV, Section 432(2), Pennsylvania Public Welfare Code.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Social Security Administration and State Department of Public Welfare.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional supplement provided to aged, blind, and disabled persons who receive SSI payments or would receive them but for excess income. Persons residing in public institutions or in certified medical facilities where Medicaid is paying more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for optional supplementation, except for domiciliary care and personal care homes where they must be age 18 or older.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Social Security Administration field offices.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.

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<sup>1</sup> State determines eligibility for domiciliary care and personal care home supplement; Social Security Administration administers all State supplementary payments including mandatory minimum supplementation.

**INTERIM  
ASSISTANCE**

State participates.

**PAYMENT LEVELS <sup>2</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$527.40	\$794.70	\$27.40	\$43.70
B	Living in household of another	360.74	544.37	27.40	43.70
C	Living with an essential person <sup>3</sup>	793.70	1,069.05	43.70	68.05
D	Living with an essential person in household of another <sup>3</sup>	543.30	735.39	43.70	68.05
G	Domiciliary care facility for adults	829.30	1,488.40	329.30	737.40
H	Personal care home	834.30	1,498.40	334.30	747.40

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

State Department of Public Welfare.

**SPECIAL NEED  
CIRCUMSTANCES:****BURIAL  
EXPENSES**

Up to \$350 in absence of other resources to meet cost.

**MOVING  
EXPENSES**

If moving required because of eviction or for health and welfare reasons, up to \$200 may be paid (once in a 12-month period).

**MEDICAL  
TRANSPORTATION  
EXPENSES**

Provides transportation expenses to and from medical appointments for those who need assistance.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.<sup>3</sup> Applies only to cases converted from former State assistance programs.

## MEDICAID

### **ELIGIBILITY:**

#### **CRITERION**

SSI program guidelines (title XVI).

#### **DETERMINED BY**

Social Security Administration.

#### **MEDICALLY NEEDY PROGRAM**

Program for the aged, blind, and disabled medically needy.

#### **UNPAID MEDICAL EXPENSES**

The Social Security Administration obtains this information.